

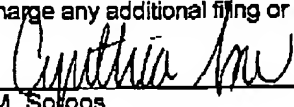
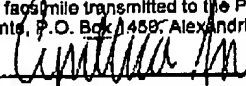
**FAX TRANSMISSION****DATE:** May 27, 2005**PTO IDENTIFIER:** Application Number 10/757616-Conf. #4792  
Patent Number**Inventor:** Rima KADDURAH-DAOUK et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (709) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP  
Cynthia M. Soroos**PHONE:** (617) 227-7400**Attorney Dkt. #:** MBZ-001CN**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page)  
Amendment & Response (9 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Fee Transmittal (1 page, in duplicate)  
Charge \$60.00 to deposit account 12-0080  
Certificate of Transmission (1 page)

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. MBZ-001CN	
Application No. 10/757616-Conf. #4792		Filing Date January 13, 2004		Examiner H. Calamita	
				Art Unit 1637	
Applicant(s): Rima KADDURAH-DAOUK <i>et al.</i>					
Invention: METHODS FOR DRUG DISCOVERY, DISEASE TREATMENT, AND DIAGNOSIS USING METABOLOMICS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	40	- 64 =		x	
Independent Claims	6	- 11 =		x	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					60.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>60.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Cynthia M. Sojooos Attorney Reg. No.: 53,623  LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>May 27, 2005</u>	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 672-8308 at MS Amendment, Commissioner for Patents, P. O. Box 1459, Alexandria, VA 22313-1450, on the date shown below.  Dated: May 27, 2005      Signature:  (Cynthia M. Sojooos)					

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Dated: May 27, 2005      Signature:   
(Cynthia M. Sorros)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****In re the application of: Kaddurah-Daouk, Rima *et al.*****Serial No.: 10/757,616****Filed: January 13, 2004****For: Methods for Drug Discovery, Disease  
Treatment, and Diagnosis Using Metabolomics****Attorney Docket No.: MBZ-001CN****Group Art Unit: 1637****Examiner: Heather Calamita**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Dear Sir:

This is in response to the Office Action mailed from the U.S. Patent and Trademark Office on February 7, 2005 for the above referenced patent application. A request for the appropriate extension of time and the requisite fee are filed concurrently herewith. Please amend the application as follows:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 5 of this paper.